

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

## I Reporting Information

Year: 2013

Fill in circle if amendment ☐

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

*Cjn*

*Amendment*

*amended for Soft*

RECEIVED JUL 11 2013

## II Client Information

Name: Funeral Directors Association, Inc. (NYS)

Permanent Business Address: One South Family Drive

City: Albany

State: New York

ZIP code: 12205

Business Phone: 518.452.8230

Fax Number: 518.452.8667

Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

**A** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

**B** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

**C** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

☐ Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ .00

**IV Other Expenses (Current Semi-Annual Period Only)**

**A** Report in the aggregate all expenses less than or equal to \$75: \$ .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ .00

**C Itemize each expense exceeding \$75:**

PAID TO: DATE: / / ☐ Ad ☐ Social Event  
PURPOSE: AMOUNT: \$ .00 ☐ \*Addendum attached  
☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event  
PURPOSE: AMOUNT: \$ .00 ☐ \*Addendum attached  
☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

\* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

**D Total expenses for current period:** \$ .00 (if applicable, include all expenses from attached pages in total)

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.  
**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: Funeral Director Support Services, Inc.

or  
Single Source Person's Last Name: First Name:

Address: One South Family Drive

City: Albany State: New York ZIP code: 12205

Phone: 518.452.8230

Date Contribution Received: 05 / 02 / 2013 Amount of Contribution: \$428 .00

Date Contribution Received: 05 / 02 / 2013 Amount of Contribution: \$1926 .00

Date Contribution Received: 05 / 02 / 2013 Amount of Contribution: \$31075 .00

Date Contribution Received: 05 / 02 / 2013 Amount of Contribution: \$146 .00

Date Contribution Received: 05 / 14 / 2013 Amount of Contribution: \$10386 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contribution(s) Single Source #2**

Single Source Entity's Name: Service Corporation International

or  
Single Source Person's Last Name: First Name:

Address: 1929 Allen Parkway

City: Houston State: Texas ZIP code: 77019

Phone: 713.522.5141

Date Contribution Received: 01 / 15 / 2013 Amount of Contribution: \$337 .00

Date Contribution Received: 01 / 28 / 2013 Amount of Contribution: \$703 .00

Date Contribution Received: 02 / 11 / 2013 Amount of Contribution: \$415 .00

Date Contribution Received: 02 / 20 / 2013 Amount of Contribution: \$247 .00

Date Contribution Received: 02 / 28 / 2013 Amount of Contribution: \$219 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐



## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source #3

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 1

Single Source Entity's Name: Funeral Director Support Services, Inc.

or

Single Source Person's Last Name:

First Name:

Address: One South Family Drive

City: Albany

State: New York

ZIP code: 12205

Phone: 518.452.8230

Date Contribution Received:	06	/	14	/	2013	Amount of Contribution: \$	10373	.00
Date Contribution Received:	06	/	28	/	2013	Amount of Contribution: \$	320	.00
Date Contribution Received:	06	/	28	/	2013	Amount of Contribution: \$	363	.00
Date Contribution Received:	/	/		/		Amount of Contribution: \$		.00
Date Contribution Received:	/	/		/		Amount of Contribution: \$		.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 2

Single Source Entity's Name: Service Corporation International

or

Single Source Person's Last Name:

First Name:

Address: 1929 Allen Parkway

City: Houston

State: Texas

ZIP code: 77019

Phone: 713.522.5141

Date Contribution Received:	03	/	12	/	2013	Amount of Contribution: \$	271	.00
Date Contribution Received:	03	/	22	/	2013	Amount of Contribution: \$	1324	.00
Date Contribution Received:	04	/	08	/	2013	Amount of Contribution: \$	26	.00
Date Contribution Received:	/	/		/		Amount of Contribution: \$		.00
Date Contribution Received:	/	/		/		Amount of Contribution: \$		.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**VI** Subjects lobbied:

☐ Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:

☐ Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☐ Continued on attached pages

**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE:



DATE: July 10, 2013

PRINT NAME: LAST McCullough

FIRST Bonnie

TITLE: Executive Director

Mark One: ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.